

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 5, 2002

**Re: IRO Case # M2-02-0688-01**

Texas Workers' Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified Anesthesiology, with added qualifications in Pain Management. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is medically necessary. Therefore, \_\_\_ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a now 42-year-old female who was injured on \_\_\_ while manipulating a very heavy bale. The patient experienced chronic neck pain. A cervical fusion was performed, but the pain continued. A CT myelogram shows disc protrusion without nerve impingement. The primary pain is cervical, with some radiation to the left trapezius, left arm, and to a lesser degree the right trapezius. Epidural steroid injections provided temporary relief. There are some significant psychological issues present which may possibly be negatively affecting the patient's chances for improvement.

Requested Service(s)

Cervical Epidural Steroid Injection under Fluoroscopy with Epidurogram.

Decision

I disagree with the carrier's decision to deny the requested epidural steroid injection

Rationale

This is a difficult case. The patient is not an optimal candidate for ESI because of the duration of pain, lack of previous response, psychological issues, lack of focal lesion on the CT myelogram.

But she meets the minimum criteria for repeating ESI, including: Cervical pain with a component of pain that radiates to the arms; abnormal EMG in lower cervical roots, which coincides with the area of maximum pain; spondylosis on the CT. Most providers perform two ESI's before abandoning the technique.

This medical necessity decision regarding the requested treatment by an Independent Review Organization is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,